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SUPERINTENDENT OF SCHOOLS

Karen D. Clarke

Mission Statement: We are committed to the success of every student!

Physician Letter for Masks/Exemption

Dear Physician,

Pursuant to the authority of the School Board under Article IX, section 4 of the Florida Constitution, as well as sections 1001.32, 1001.41, 1001.42, and 1001.43, Florida Statutes, the School Board of Alachua County adopts the following emergency policy:

Effective immediately all persons (students, staff, contractors, vendors, and visitors) must wear appropriate face coverings that cover both the mouth and nose when on school board property, at a school board activity, or riding a bus or in other approved transportation.

CDC recognizes that wearing masks may not be possible in every situation or for some people. In some situations, wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns. Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

Student Name: _____ **School:** _____

Underlying medical condition/diagnosis: _____

Student under my care can wear a mask Cannot wear a mask

Student under my care can wear a face shield Cannot wear a face shield

Instead of mask or face shield student may wear: _____

Could the student gradually learn to wear a mask/face shield? Yes No

Amount of time the student could try to tolerate the wearing of the mask/face shield: _____

Comments:

Printed Name of Physician

Physician Signature

Date